

**WIOA Training Application**
**Overview Date:** \_\_\_\_\_

**Applicant Information**

<b>Full Name:</b>		<b>Social Security Number</b>		<b>County:</b>
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Email</b>		
<b>Preferred Contact (check one):</b> <input type="checkbox"/> Mail <input type="checkbox"/> Email <b>Are you a part of a Social Networking Site</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", would you like to indicate the name of the site and your profile name? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Name of Site</b> _____ <b>Profile Name</b> _____				<b>Are you a Veteran?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Are you homeless?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Contact Information**

The person whose name is listed below <b><u>DOES NOT</u></b> live with me but can always contact me.		<b>Are you receiving Vocational Rehabilitation services?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Relationship: _____  Address: _____ City: _____ St: _____ Zip: _____  Home Phone: _____ Cell Phone: _____  Email: _____		
		<b>Are you a Trade Applicant?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Demographic Information**

<b>Date of Birth:</b> _____ (m / d / y)  <b>Age:</b> _____  <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify	<b>Ethnicity</b> <input type="checkbox"/> African American or Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic Heritage
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**Are You Registered with Selective Service? (males only born on or after 1/1/1960)** ☐ Yes ☐ No ☐ Not Applicable

**Selective Service Registration Number** \_\_\_\_\_ **Selective Service Registration Date** \_\_\_\_\_

**Citizenship :** ☐ U.S. Citizen/Naturalized ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted

List Alien Registration Number &amp; Expiration Date: \_\_\_\_\_

**Driver's License Information**

<b>Do You Have a Georgia Driver's License or Georgia I.D.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Has your license ever been or/is currently Suspended or Revoked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Driver's License Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> CDL Endorsements <b>Class:</b> <input type="checkbox"/> C (auto, light truck) <input type="checkbox"/> A <input type="checkbox"/> B
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DISABILITY INFORMATION	
1. Do you have a physical or mental condition that may affect your ability to perform the essential functions of this job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, please describe the condition and how it may affect your ability to perform the essential functions of this job.	
3. Have you ever been diagnosed with a mental health condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. If yes, please describe the condition and how it may affect your ability to perform the essential functions of this job.	
5. Do you currently use any medication to manage a physical or mental condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If yes, please describe the medication and how it may affect your ability to perform the essential functions of this job.	
7. Do you have any other information you would like to share regarding your disability?	

**Do you consider yourself to have a Disability?**    ☐ Yes    ☐ No    ☐ Choose not to identify

**IF NO, SKIP TO NEXT PAGE**

**IF NO, SKIP TO NEXT PAGE**

<b>Category of Disability:</b>	<input type="checkbox"/> physical/chronic health condition	<input type="checkbox"/> physical/mobility impairment
	<input type="checkbox"/> mental or psychiatric disability	<input type="checkbox"/> vision-related disability
	<input type="checkbox"/> hearing-related disability	<input type="checkbox"/> cognitive/intellectual disability
	<input type="checkbox"/> did not self-identify	<input type="checkbox"/> no disability

Received Services from a State Development Disabilities Agency: ☐ SSDA ☐ no disability

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Received Services from a State or Local Mental Health Agency: ☐ LSMHA ☐ no disability

Received Services from a Home & Community Based Service Provider under a State Medicaid Waiver:

☐ ☐

<b>Disability Work Setting:</b>	<input type="checkbox"/> competitive integrated employment <input type="checkbox"/> individual supported employment <input type="checkbox"/> group supported employment <input type="checkbox"/> sheltered workshop <input type="checkbox"/> combination of two or more settings <input type="checkbox"/> not employed
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<p><b>Type of Customized Employment</b></p> <p><b>Services Received:</b></p>	<p><input type="checkbox"/> discovery assessment services</p> <p><input type="checkbox"/> developed a customized employment search plan</p> <p><input type="checkbox"/> employer negotiation services</p> <p><input type="checkbox"/> sheltered workshop</p> <p><input type="checkbox"/> secured employment as a result of receiving customized employment Services and received extended support services</p> <p><input type="checkbox"/> no CES services</p>
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<b>Received Disability Financial Capability:</b>	<input type="checkbox"/> benefit planning services <input type="checkbox"/> financial capability/asset development services <input type="checkbox"/> benefit planning services and financial capability/asset development services <input type="checkbox"/> no
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<b>Section 504 Plan:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Veteran Information

Did you serve in the active duty military, naval, or air service? ☐ Yes ☐ No

If yes, please complete the following:

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Released: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Did you serve more than one tour of duty? ☐ Yes ☐ No

Are you a disabled veteran? ☐ Yes ☐ No

Are you a campaign veteran? ☐ Yes ☐ No

Are you recently separated? (within last 48 months) ☐ Yes ☐ No

Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?

☐ Yes ☐ No

Transitioning Service Member: ☐ Yes ☐ No

Type of Transitioning Service Member: ☐ not applicable ☐ within 24 months of retirement ☐ within 12 months of discharge

Please submit a copy of your DD-214 form. Go to <http://vetrecs.archives.gov/> to request a copy.

Are you a BRAC impacted worker? ☐ Yes ☐ No (BRAC now considered eligible as Dislocated Worker)

## Employment Information

Are you currently employed? ☐ Yes ☐ No Current or most recent rate of pay \_\_\_\_\_

Did you receive severance pay from your last employer? ☐ Yes ☐ No

Are you or have you received Unemployment Compensation (UI)? ☐ Yes ☐ No

List current and most recent employers, going back 10 years, beginning with your current or most recent job.

Most Recent Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Shift: \_\_\_\_\_

Main Duties: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Start Date (Month/Day/Year): \_\_\_\_\_ End Date (Month/Day/Year): \_\_\_\_\_

Reason for Leaving : ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Shift: \_\_\_\_\_

Main Duties: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Start Date (Month/Day/Year): \_\_\_\_\_ End Date (Month/Day/Year): \_\_\_\_\_

Reason for Leaving : ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Shift: \_\_\_\_\_

Main Duties: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Start Date (Month/Day/Year): \_\_\_\_\_ End Date (Month/Day/Year): \_\_\_\_\_

Reason for Leaving : ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

### Termination/Layoff Information

Have you received a termination or layoff notice from your last job or job of dislocation? ☐ Yes ☐ No

Actual Layoff Date: \_\_\_\_\_

Projected Layoff Date: \_\_\_\_\_

What is the reason for the layoff? \_\_\_\_\_

Who is the dislocation employer? \_\_\_\_\_

Dislocation Employer Address: \_\_\_\_\_

Dislocation Hourly Rate: \_\_\_\_\_

Did you attend a meeting with your employer to discuss Unemployment Insurance and Workforce Training? ☐ Yes ☐ No

### Education History (Additional Space is Available on Page 7 of the Application if Needed)

**Highest Credential Earned** ☐ HS Diploma ☐ GED ☐ Certificate ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD ☐ None

Do you, or have you previously, had an IEP? ☐ Yes ☐ No Are you currently in school? ☐ Yes ☐ No

If yes, Name of School, Program, Anticipated completion date \_\_\_\_\_

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

<u>School</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>Year</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

List any current professional license(s) you hold: \_\_\_\_\_

Transcript Note: PLEASE MAKE SURE THE INTAKE STAFF IS INFORMED OF PREVIOUS NAMES (EX: MAIDEN NAME, DIVORCED NAME, ETC.) \_\_\_\_\_

### Individual Barriers

Are you a single parent? ☐ Yes ☐ No Are you an eligible Migrant Seasonal Farmworker? ☐ Yes ☐ No

Have you ever been convicted of a Misdemeanor? ☐ Yes ☐ No Convicted of a Felony? ☐ Yes ☐ No

Do you read and understand English? ☐ Yes ☐ No What is your primary language (if other than English): \_\_\_\_\_

Public Assistance		
Within the last 6-months have you received any of the following:		
Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Stamps (FS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Adjustment Assistance (TAA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuge Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ticket to Work Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Income Information		
What is your family size? _____		What is your yearly family income? _____
Monthly Expenses	Monthly Income	
Rent/Mortgage:	Applicant Employment Income:	
Utilities:	Unemployment Insurance:	
Groceries:	TANF:	
Dependent Care:	Food Stamps:	
Support Payments:	Child Support:	
Alimony Paid:	Alimony Received:	
Car Payment:	Spouse/Roommate Income/Contribution:	
Transportation/Gas:	Social Security Income:	
Household Items:	SSI:	
Insurance (car, homeowners, etc, <b>NOT MEDICAL</b> ):	Other (Itemize Below):	
Cable:	Name of "Other" Income	Amount of "Other" Income
Medical/Dental:	1.	
Clothing:	2.	
Credit Card Payments:	3.	
Loans:	4.	
Entertainment:	5.	
<b>Total Monthly Expenses:</b>	<b>Total Monthly Income:</b>	

My plan to financially support my personal and/or household obligations while in training and remain a full-time student is as follows (BE SPECIFIC):

Family Composition and Address Verification

NAMES OF PEOPLE IN HOUSEHOLD (INCLUDING APPLICANT)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please write **PHYSICAL STREET ADDRESS** here

Address

City

State

Zip

The section below must be filled out by someone who **DOES NOT** live in the household:

I certify that \_\_\_\_\_’s family consists of those persons listed above and that I **DO NOT** live at the address above.

Signature (of person verifying form–  
**MUST NOT** live in household)

Relationship to applicant

Date

Address

City / State / Zip

Phone Number

NOTE: FALSIFICATION OF DATA ON THIS FORM IS A CRIME AGAINST FEDERAL AND STATE LAWS. FALSIFICATION OF OR CONCEALMENT OF INFORMATION IS PUNISHABLE BY A FINE OR IMPRISONMENT OR BOTH AND WILL REQUIRE REPAYMENT OF ANY MONIES PAID TO OR ON BEHALF OF THE APPLICANT WHILE IN A GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT BOARD PROGRAM.

Signature of Applicant

Date

## Training Goals

1. Do you have a training goal? ☐ Yes ☐ No  
a. Describe your training goal? Be specific \_\_\_\_\_  
b. Reason you selected this training goal? \_\_\_\_\_
2. If you do not have a training goal, do you need assistance in selecting a training goal? ☐ Yes ☐ No
3. Have you selected a school? ☐ Yes ☐ No  
What school/program \_\_\_\_\_
4. Have you previously enrolled in training funded through WIA/WIOA? ☐ Yes ☐ No  
*If you answered no, go to question #6*  
a. Name of school attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_  
b. Name of training program or course of study: \_\_\_\_\_  
c. Did you complete the training? If yes, skip to question #5 ☐ Yes ☐ No  
d. Why did you not complete training?  
\_\_\_\_\_
5. Did you find a job after you completed or left training? ☐ Yes ☐ No  
a. If yes, was the job related to the training received? ☐ Yes ☐ No  
b. Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_
6. List funds you are seeking to assist you through training (PELL, HOPE, Military Assistance, loans, etc.)  
\_\_\_\_\_
7. Do you have a Georgia Work Ready Certificate? ☐ Yes ☐ No  
If yes, what type? ☐ Bronze ☐ Gold ☐ Silver ☐ Platinum

## ADDITIONAL Education History (If Applicable)

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

<u>School</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>Year</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**PLEASE REMEMBER THAT THE WORKSOURCE GEORGIA MOUNTAINS OFFICE DOES NOT ACCEPT HAND-DELIVERED APPLICATIONS. YOU MUST MAIL, FAX OR EMAIL THE APPLICATION TO OUR OFFICE**

**THE AFFIDAVIT AND ANY OFFICIAL COLLEGE TRANSCRIPTS MUST BE ORIGINAL IN YOUR FILE. THESE MUST BE MAILED OR HAND-DELIVERED TO OUR OFFICE.**



## 1. Go to [www.randmcnally.com](http://www.randmcnally.com)

The screenshot shows the 'Maps and Directions' page on the Rand McNally website. At the top, there are three tabs: 'directions', 'online maps', and 'mileage'. The 'mileage' tab is selected. Below the tabs, there are two input fields. The first field is labeled 'Home Address here' with a red arrow pointing to a blue box containing the letter 'A' and a text input field with the placeholder 'enter starting point...'. The second field is labeled 'School Address here' with a red arrow pointing to a blue box containing the letter 'B' and a text input field with the placeholder 'enter ending point...'. Below these fields is a 'Calculate Mileage' button with a right-pointing arrow. To the right of the button is a small box with the text 'Need Roadside Assistance?' and the Allstate Motor Club logo.

## 2. Click mileage under Maps and Directions

## 3. Enter A. your home address (starting point) and B. the school address (ending point)

## 4. Hit 'Calculate Mileage' and print out the results. Turn them in with your packet

### Lanier Technical College

Oakwood Campus  
2990 Landrum Edu. Dr  
Oakwood, GA 30566

Forsyth Campus  
3410 Ronald Reagan Blvd  
Cumming, GA 30041

Winder-Barrow Campus  
89 East Athens St  
Winder, GA 30680

### Brenau College

Gainesville Campus  
500 Washington Street NE  
Gainesville, GA 30501

### Gwinnett Technical College

Lawrenceville Campus  
5150 Sugarloaf Pkwy  
Lawrenceville, GA 30043

Dawson Campus  
408 Hwy 9 North  
Dawsonville, GA 30534

Jackson Campus  
6315 Elm Street  
Commerce, GA 30529

### Kennesaw State University

1000 Chastain Rd  
Kennesaw, GA 30144

### Southern Polytechnic

1100 South Marietta Pkwy SE  
Marietta, GA 30060

### North Georgia Technical College

Clarkesville Campus  
1500 Hwy 197 North  
Clarkesville, GA 30523

Blairsville Campus  
121 Meeks Ave  
Blairsville, GA 30512

Currahee Campus  
8989 Hwy 75 South  
Toccoa, GA 30577

### CDL of Georgia

846 Jefferson Hwy  
Winder, GA 30680

### Daly's Truck Driving School

2314 Peachtree Industrial Blvd  
Buford, GA 30518

### University of North Georgia

Dahlonega Campus  
82 College Circle  
Dahlonega, GA 30597

Gainesville Campus  
3820 Mundy Mill Rd.  
Oakwood, GA 30566

Cumming Campus  
300 Aquatic Circle  
Cumming, GA 30040

### GA Driving Academy

1448 VFW Drive  
Conyers, GA 30012

### Woodruff Medical

Gainesville Location  
675 EE Butler Parkway  
Gainesville, GA 30501

### Athens Technical College

Athens Campus  
800 US Hwy 29 North  
Athens, GA 30601

Elberton Campus  
1317 Athens Hwy  
Elberton, GA 30635

### TargetIT Training & Career Mentoring

3985 Steve Reynolds Blvd  
Suite L-101 (Steve Reynolds Commons – Phase II)  
Norcross GA 30093

### Piedmont College

Demorest Campus  
165 Central Avenue  
Demorest, GA 30535


Athens Campus  
595 Prince Ave  
Athens, GA 30601

### Heavy Equipment College of Georgia

581 Sigman Road, Suite 300  
Conyers, GA 30013



## Assessment Directions

1. Go to: **MY NEXT MOVE** at <https://www.mynextmove.org>
2. Click on **INTERESTS**  in the top right hand corner of the web page. You will complete 5 sections.
3. **START:** Read and then click next until you get to the first set of questions.
4. **INTEREST:** Rate statements 1-60 – try to not select UNSURE (Click Next at bottom of page to continue to next group of questions)
5. **RESULTS:** Read and then click NEXT – **DO NOT CLICK PRINT HERE.**
6. **JOB ZONES:** Read and then click next until you get to the screen that is shown below. Choose the JOB ZONE 3 bubble for Medium Preparation – **not the underlined link.**





**Select a Job Zone**

Now that you have learned about each Job Zone, select the current or future Job Zone that's right for you:

- ☐ Job Zone One  
Little or No Preparation Needed
- ☐ Job Zone Two  
Some Preparation Needed
- ☒ Job Zone Three  
Medium Preparation Needed
- ☐ Job Zone Four  
Considerable Preparation Needed
- ☐ Job Zone Five  
Extensive Preparation Needed

**Bubble Not Link**

Start Interests Results **Job Zones** Careers Next

7. Read and click next until you get to the “CAREERS” tab.
8. **CAREERS:** Click PRINT to print your results.  This opens up a new tab or window.  
**DO NOT PRINT OCCUPATION INFORMATION**
9. At the top of the page type in your first and last name.
10. Review the jobs listed. **MAKE SURE THAT YOUR PROGRAM OF STUDY IS LISTED** and click Print . 

**Submit all pages to the WorkSource Georgia Mountains office along with your application.**

## Career Choice Research Worksheet

When researching the available jobs for your chosen career, please pay close attention to the educational requirements. Does it require that you have a Certificate, Diploma, or an Associates or Bachelor's degree? Knowing this will help you determine exactly what educational level you would be required to have for this particular job. In addition to the education requirements, keep in mind the location of any employment opportunities.

Are jobs in your chosen career/program available within a reasonable commute (30-40 miles one way) of your residence? ☐ Yes ☐ No

Are you willing to relocate? ☐ Yes ☐ No

Some programs, careers or employment opportunities will require a background check and/or drug screen.

Do you have any issues that would prohibit you from successfully completing a background and/or drug screen? ☐ Yes ☐ No

Please remember that the **WorkSource Georgia Mountains** only assists with one (1) program of study or major and it must be completed within 104 weeks (2 years) or less. This includes all classes (regular/provisional), internships and/or clinical periods. Once a program of study has been selected, changes will not be allowed unless it is to downgrade to a lesser program of study (i.e. Degree to a Diploma). This must be reviewed by the Case Manager and is done on a case-by-case basis. So please research and choose wisely.

**INSTRUCTIONS: COLLECT INFORMATION ON A MINIMUM OF 5 JOBS THAT YOU WOULD BE QUALIFIED FOR AFTER THE COMPLETION OF TRAINING. PRINT AND ATTACH COPIES OF THESE JOB ANNOUNCEMENTS TO YOUR WORKSHEET.** Try to use as many resources as possible when completing this form. Available resources include: visits to the prospective programs, and interviews with persons currently working in related jobs, O'NET at <http://online.onetcenter.org/>, Georgia Department of Labor at [www.dol.state.ga.us](http://www.dol.state.ga.us), internet job search websites such as [www.monster.com](http://www.monster.com), [www.careerbuilder.com](http://www.careerbuilder.com), [www.indeed.com](http://www.indeed.com), [www.jobcentral.com](http://www.jobcentral.com), industry websites, business websites, newspaper websites, etc.

Training Provider (School): \_\_\_\_\_

Program: \_\_\_\_\_

1. Expected salary range for targeted job: (Entry Level) \_\_\_\_\_  
(Average Level) \_\_\_\_\_
2. Are there jobs available for someone like you, if you finish the program, but are unable to pass certification exams and/or obtain an industry license? \_\_\_\_\_
3. Does your research seem to indicate if there are many qualified applicants with more skills and work experience competing for entry level jobs in your job target area? \_\_\_\_\_
4. Are there **training-related jobs** available in your county or within reasonable commute (30-40 miles one way)? Estimate how many jobs. \_\_\_\_\_
5. Is there on-going job growth and/or projected demand in your targeted job area? \_\_\_\_\_
6. Which assessments have you had that indicate your abilities and interests are a good match for you targeted job (such as CDM, TABE, SAGE, COMPASS, ASSET, O'NET etc.)? \_\_\_\_\_
7. Will your targeted job meet your financial obligations and wage expectations? \_\_\_\_\_

**Remember, all 5 jobs must be full time, 1 year or less of experience, and a reasonable commute (40 miles or less one way).**

**Select three out of the five jobs you printed that you like best.** List your top three choices as Job #1, Job #2 and Job #3.

Tell us more specific information about these jobs and identify why they are a good fit for your interests, current work experience.

Job #1 Title:	Rate your <b>current work experience</b> for this job:
Company:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Location:	
Wage:	Rate your <b>current education</b> for this job:
Experience Requirements:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Education Requirements:	
Job #2 Title:	Rate your <b>current work experience</b> for this job:
Company:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Location:	
Wage:	Rate your <b>current education</b> for this job:
Experience Requirements:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Education Requirements:	
Job #3 Title:	Rate your <b>current work experience</b> for this job:
Company:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Location:	
Wage:	Rate your <b>current education</b> for this job:
Experience Requirements:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Education Requirements:	

Name:		
<b>WIOA Release of Information Consent/Certification &amp; Acknowledgment</b>		
<b>RELEASE INFORMATION FOR ELIGIBILITY</b>	<b>Initial Here</b>	
<p>I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Adult &amp; Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family &amp; Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.</p>		
<b>RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION</b>	<b>Initial Here</b>	
<p>I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.</p>		
<b>RELEASE INFORMATION FOR EMPLOYMENT</b>	<b>Initial Here</b>	
<p>I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.</p>		
<b>CERTIFICATION &amp; ACKNOWLEDGMENT</b>	<b>Initial Here</b>	
<p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.</p> <p>I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.</p> <p>WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some cases, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. <b>WorkSource Georgia Mountains</b> may use my photo in print advertising or on the local area website. <b>I AGREE_____ I DO NOT AGREE_____</b></p> <p style="text-align: center;"><b>Applicants are responsible for insuring that all required documentation is attached to their application.</b>  <b>Missing documentation will delay the process of your application.</b></p> <p style="text-align: center;"><i>Please read carefully, initial each release/acknowledgment, sign and date.</i></p>		
<b>Signature</b>	<b>Date:</b>	

Please note, you have **45 days** from the date on this page to turn all paperwork in without having to update your application materials

# DO NOT DATE UNTIL READY TO SUBMIT